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20 UNITED STATES DISTRICT COURT
21 FOR THE NORTHERN DISTRICT OF CALIFORNIA
22 SAN FRANCISCO DIVISION

23 AMERICAN FEDERATION OF
24 GOVERNMENT EMPLOYEES, AFL-CIO;
25 AMERICAN FEDERATION OF STATE
26 COUNTY AND MUNICIPAL EMPLOYEES,
27 AFL-CIO, et al.,

28 Plaintiffs,

v.

UNITED STATES OFFICE OF PERSONNEL
MANAGEMENT, et al.,

Defendants.

Case No. 3:25-cv-01780-WHA

**DECLARATION OF DR. GEORGES C.
BENJAMIN, M.D.**

DECLARATION OF DR. GEORGES C. BENJAMIN, M.D.

I, Dr. Georges C. Benjamin, M.D. affirm:

1. I am the Executive Director of the American Public Health Association (“APHA”). I have served in that role since December 2002. I make this statement based on personal knowledge and if called as a witness could and would testify competently thereto.

2. APHA’s mission is to: “Build public health capacity and promote effective policy and practice.” APHA members include more than 23,000 individual public health professional members, as well as organizations and health departments. APHA also coordinates with state and regional APHA affiliates across the nation. APHA members work in every discipline of public health, in every state, and in countries across the globe.

3. APHA’s membership includes 2,100 individual members in California, as well as more than 250 California students in university public health schools or related programs, and over 50 California agency or organizational members, including the California Department of Public Health, Contra Costa County Public Health, Marin County Public Health, and the Los Angeles Trust for Children’s Health.

4. I am a graduate of the Illinois Institute of Technology and the University of Illinois College of Medicine. I am licensed to practice medicine in Maryland and the District of Columbia. I am board-certified in internal medicine and a Master of the American College of Physicians, a fellow of the National Academy of Public Administration, a fellow emeritus of the American College of Emergency Physicians, an elected member of the National Academy of Medicine (formally the Institute of Medicine) of the National Academies of Sciences, Engineering and Medicine, an honorary fellow of the Faculty of Public Health, and an honorary fellow of the Royal Society of Public Health.

5. Following graduation from medical school, I began my career at the Madigan Army Medical Center in Tacoma, Washington in 1981, where I managed a 72,000-patient per year ambulatory care service as chief of the Acute Illness Clinic and was an attending physician within the Department of Emergency Medicine. From 1983 to 1987, I served as chief of emergency medicine at the Walter Reed Army Medical Center.

1 6. Following my discharge from the United States Army in 1987, I was appointed as
2 Chair of the Department of Community Health and Ambulatory Care at the District of Columbia
3 General Hospital, serving in that post until December of 1990. From January 1990 to the fall of 1991,
4 I was the Acting Commissioner for Public Health for the District of Columbia, and the Director of the
5 Emergency Ambulance Bureau in the District of Columbia Fire Department. I returned to serve as the
6 Director of the Emergency Ambulance Bureau from 1994 to 1995.

7 7. I served as the Secretary of the Maryland Department of Health and Mental Hygiene
8 from April 1999 to December 2002, following four years as its Deputy Secretary for Public Health
9 Services.

10 8. In April 2016, I was appointed by President Obama to the National Infrastructure
11 Advisory Council. In that role, I helped advise the President on how best to assure the security of the
12 nation's critical infrastructure. I served in this capacity until December of 2020.

13 9. The American Public Health Association was founded in 1872, at a time when
14 scientific advances were helping to reveal the causes of communicable diseases. These discoveries
15 laid the foundation for the public health profession and for the infrastructure to support APHA's
16 work.

17 10. From its inception, APHA has been dedicated to improving the health of all U.S.
18 residents. From its early days, two of APHA's most important functions have been advocacy for
19 adoption by the government of the most current scientific advances relevant to public health, and
20 public education on how to improve community health. Along with these efforts, APHA has also
21 campaigns for developing well-organized health departments at the tribal, federal, state, and local
22 levels.

23 11. These functions of APHA have been disrupted and will face further severe and
24 escalating disruptions caused by the mass termination of probationary employees across the federal
25 government, and specifically at the Department of Health and Human Services ("HHS") and its
26 component sub-agencies, including the Centers for Disease Control and Prevention ("CDC") and the
27 National Institutes of Health ("NIH"). The work of employees, including probationary employees, at
28

1 these agencies is essential not only to APHA's own mission but to its members' work and the
2 discipline of public health itself.

3 12. Over the weekend of February 15 and 16, 2025, the CDC initially terminated more
4 than 700 probationary employees across various roles, including those working to track disease
5 spread and outbreaks; conduct lab analysis of public health data nationwide; validate tests for
6 diseases; screen travelers for dangerous pathogens at airports and border crossings; and provide on-
7 the-ground support to local health departments when needed. NIH, which oversees 27 institutes and
8 centers and is the top public funder of medical research on everything from vaccines for emerging
9 pandemic threats to targets for new drugs, terminated nearly 1,200 probationary employees, from
10 administrative staff who handle outside grants to NIH lab managers, staff scientists, and investigators.

11 13. On information and belief, roughly 180 of the probationary employees' terminations at
12 the CDC were rescinded on March 4, 2025. Employees who were offered their positions back
13 include the CDC's Lab Leadership Fellows, who had been working on projects such as lab aid in
14 American Samoa to establish dengue virus testing capacity, evaluation of leading commercial dengue
15 rapid diagnostic tests for regulatory approval in the United States, creation of a validated test for
16 mpox in wastewater, and validation of a measles and mumps diagnostic PCR test. Probationary
17 employees whose terminations were rescinded more than two weeks after firing also included those
18 who had been stationed at ports of entry all around the country to conduct health screenings for
19 disease.

20 14. The mass termination of probationary employees at HHS, including of the more than
21 500 probationary employees at the CDC who remain terminated as of March 6, 2025, has had an
22 adverse impact on APHA and its members, including through diminished support for critical
23 programs tracking and disseminating public health information, cuts to staff overseeing vital research
24 projects, and increased uncertainty for APHA's members across the country.

25 15. Agency members of APHA, including state and local health departments, rely on the
26 CDC to provide timely and crucial information about public health threats, which is particularly
27 critical given the risks posed by current and emerging disease outbreaks. As of February 2025, flu
28 cases have spiked to the highest levels in at least 15 years, and the CDC has assessed the severity of

1 the 2024-2025 flu season “high.” Texas is experiencing a significant and worsening measles
2 outbreak, and measles cases have been reported in multiple additional states. Avian influenza
3 continues to spread across the country in poultry and dairy cows, as well as in 70 human cases,
4 including 38 in California, according to current CDC data. As the worldwide spread of COVID-19
5 demonstrates, it is also vital for U.S. public health agencies and workers to stay informed about
6 diseases in other countries, including current outbreaks of diseases such as mpox, Ebola, and polio.

7 16. Cuts to CDC staff delay testing and analysis of data and disrupt the established
8 channels local health departments depend on for this crucial information. State and local agency
9 APHA members have previously experienced communications blackouts, during which they stopped
10 receiving regular briefings from the CDC, and APHA has heard from those members that although
11 the complete blackouts have ended, there is substantial uncertainty about what information is being
12 communicated and by whom, as it is unclear who is currently employed. Without access to the
13 CDC’s data and expertise, state and local health departments must devote additional time and scarce
14 resources to monitoring and gathering as much up-to-date information as possible through other
15 sources.

16 17. Testing and monitoring provided by the CDC is also critical to early disease detection
17 and response that can reduce the spread and severity of outbreaks. Mass termination of CDC
18 employees based on probationary status increases the risks that crucial data will be missed or
19 delayed. The weeks of disruption and continuing uncertainty caused by the now-rescinded
20 terminations of probationary employees stationed at airports and land borders to conduct health
21 inspections increased the risk that as-yet-undetected diseases entered the country through travelers or
22 animals. New or worsening outbreaks of diseases would severely strain state and local health
23 departments and particularly threaten the safety of public health workers, including APHA members,
24 across the country.

25 18. In addition, APHA’s core mission includes public education on public health,
26 including outbreaks and public health crises. APHA relies on multiple facets of HHS’s work to
27 support its public education efforts, from disease-specific expertise to validation of laboratory tests,
28 from data collected and disseminated by CDC, to scientific research conducted and funded by NIH.

1 Incorrect or delayed data threatens APHA's mission, risks damaging public trust in public health
2 advice, and can lead to worsening outbreaks.

3 19. APHA has already had to devote additional resources to compensate for reductions in
4 public health advice and information available through HHS. APHA staff are spending significant
5 time fielding member questions and talking to both members and the media to provide information
6 about the current measles outbreaks around the country. Based on APHA's experience providing
7 public education during COVID-19 pandemic, it is highly likely that disruptions to the work of the
8 CDC will require APHA to take on a larger public education role in any nationwide public health
9 crisis, including if the measles outbreaks continue to spread. Further, in order to mitigate the
10 reduction of information available to its members, APHA is also likely to have to devote its own
11 resources to housing public health data previously stored and made available by the federal
12 government.

13 20. Specific programs at APHA have also been negatively impacted by the mass
14 termination of probationary employees. For example, one APHA program involves working with the
15 CDC on the education and training of Public Health AmeriCorps members. Public Health
16 AmeriCorps is designed to support the recruitment, training, and development of the next generation
17 of public health leaders who will be ready to respond to the nation's public health needs, and APHA's
18 participation includes educating these members about public health, connecting them to leaders and
19 networks, and helping them find careers. The AmeriCorps employee who served as APHA's primary
20 contact and liaison to the program was a terminated probationary employee. This has created delays
21 and uncertainty about whether the planned activities and deliverables of the program can be met,
22 which is compounded by concerns about whether CDC staff will be able to take on the additional
23 work now required, given the extensive cuts there as well. One planned event has already been
24 postponed and will now be hosted by APHA rather than AmeriCorps. This program is designed to
25 train individuals to strengthen their communities capacity to improve health. Without AmeriCorps
26 and CDC support, the ability of APHA to build the capacity to improve community health is
27 impaired. Improving the health of our communities is a core APHA priority.

1 21. APHA members also receive grants from almost all public health service agencies,
2 including the CDC, the Health Resources and Services Administration and NIH. Roughly half of
3 APHA members are students and academics focused on public health and related fields, many of
4 whom rely on NIH program officers and staff to manage grants and proposals for public health
5 research. The termination of probationary program officers at NIH means that APHA members
6 relying on grant funding have lost needed assistance with progress reports for ongoing grants and
7 revisions to submitted proposals, disrupting both current research studies and planned projects.

8 22. Disruptions and uncertainty in research funding cause multiple cascading harms to
9 APHA's mission to improve public health. As an immediate consequence, many students and
10 researchers are forced to find other work if the projects they are working on are interrupted or if they
11 cannot get approval for planned research. Some may leave the field entirely, reducing the pipeline of
12 qualified public health workers available in the future. Finally, the disruptions impede possible
13 scientific advances that would come out of projects designed to—in the words of NIH's mission—
14 “seek fundamental knowledge about the nature and behavior of living systems and the application of
15 that knowledge to enhance health, lengthen life, and reduce illness and disability.”

16
17 I declare under penalty of perjury under the laws of the United States that the foregoing is true
18 and correct. Executed this 6th day of March 2025 in Gaithersburg, Maryland.

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20 

21 Dr. Georges C. Benjamin, M.D.